THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) :
(a) to (c) Inrfomation is being collected and would be laid on the table of the House.

Prevention of AIDS

1192. SHRI SYED SIBTEY RAZI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Population services International is engaged in the programme of AIDS prevention in the country ;

(b) if so, the details thereof ;

(c) whether some areas of the country have been benefited by services of P.S.I;

(d) if so, the details thereof and the amount spent so far ;

(e) whether the P.S.I, have been receiving financial assistance from Government ; and

(f) if so, the details thereof and if not, the reasons thereof ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SFIRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) to (d) Yes, Population Services Interntional is engaged in the one of the important activities of AIDS Prevention and Control Programme *i.e.* Promotion of condoms, which, in the absence of any vaccine or medicine for HIV/AIDS, is considered one of the most effective preventive tools.

Recently, Population Services International has developed a pilot project in Madras and Bombay for education and promotion of condoms in groups practising 'at risk' behaviour.

(e) No.

(f) Does not arise.

Grant of risk allowance

1193. SHRI H.HANUMANTHAPPA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that Government have, in principle agreed to grant Risk Allowance to its employees ; and

(b) if not, by when this scheme is likely to be implemented ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : fa) and (b) Orders for grant of Risk Allowance to the eligible employees has already been issued by Deptt, of Personnel & Training vide Office Memorandum No. 21012/4/88-Estt. (Allowance) dated 19/22-8-1988. However, no decision has been taken to grant separate Risk Allowance to the employees getting Hospital Patient Care Allowance, which include Risk Allowance.

Family Welfare Measures

1194. SHRI CHIMANBHAI MEHTA :
SHRI SOM PAL :
SHRI SARADA MOHANTY :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government proposed to hold an All party Conference to evolve consensus on more rational and stringent family welfare measures ;

(b) whether Government have worked out any more effective measures to control family planning ;

(c) whether Government are aware that China has significantly reduced birth rate, if so, what are the measures they have adopted and the feasibility of their application in the country ; and"

(d) by when and in what manner Government propose to achieved per cent and 1.5 per cent annual growth rates 7

THE MINISTER OF STATE IN THB MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) -(a) and (b) There is no proposal, at present, to hold an All Party Conference to evolve consensus on more retional and stringent family welfare measures. However, after carrying out a detailed review of the population control efforts in the country in consultation with the State Governments/Union Territories Administrations over the last few months, a draft Action Plan has been evolved. This Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the society, cutting across political, religious and cultural differences. Other key features of the draft Action Plan include, (1) improving the quality and outreach of family welfare

services, (2) special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census), (3) developing an innovative package of incenteves disincentives for promotion of small family norm, (4) increasing the coverage of younger age couple?, through vigorous promotion of spacing methods, (5) intrcducing new contraceptives and improving the quality of contraceptives, (6) strengthening family welfare schemes in urban areas especially in slum pockets, (7) revitalising training activities of medicai/para-medical personnel with emphasis on motivational and councelling aspects, (8) sustaining the good work done under the Universal Immunization Programme and strengthening of other interventions f>r Maternal fnd Child Hialth Care, (9) reorientation of information, education and com munication efforts to focus on the quality of life issues and inter-personal communication, (10) Involving of voluntary and non-governmental organisations in a big way to promote active community participation in the programme, (11) gearing up of the implementation machinery in the States/ UTs, and (12) evolving high level inter-sectoral coordintion mechanisms at the national state and district levels, etc. This draft Action Plan has now been referred to States/UTs to give them further opportunity to examine its contents and make suggestions for improvement, keeping in view their own special requirements. It is proposed to finalise the Action Plan over a period of next 2—3 months after a high level meeting with Health Ministers of States/ UTs. *h* is expected that the Action Plan evolved in this manner would be more realistic and result-oriented. Cooperation of all sectons of society including leaders of political parties, religious leaders, leaders of social organisations, etc., would be sought for implementation of the Action Plan.

(c) The decline in birth rate in China has been significant. The Chinese Population Policy advocates the practice of One Couple, One Child and late marriage. An element of cooperation is introduced through a strong scheme of incentives/disincentives. A provision has been made in the Chinese Constitution to the effect that both husband and wife have a duty to pratise family planning. The programme is implemented with a high degree of political commitment and will from the national to the grass root levels. It is not considered feasible to adopt the Chinese model of population control in our country. However, Government are contemplating to evolve an innovative package of incentives/ disincentives for promotion of small family norm in the country.

(d) The long term demographic goals as laid down in the National Health Policy (1983) are to achieve the birth rate of 21 per thousand, death rate of 9 per thousand and natural growth rate of 1.2%, infant mortality rate below 60 per thousand live births and couple protection rate of 60% by the year 2000 A.D. It has already been recognised that given the current level of achievement (Statement enclose *See* below) the goal in respect of natural growth rate may not be achieveable before 2006-11 A.D. It is expected that the full operationalisation of the draft Action Plan for revitalising the population control efforts would make a marked impact on the population problem in the country.

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Statement

Demographic Goals and Achievements

Indicator	Goals by		Achievements			
	End of 7th plan (31-3-90)	2000 AD	1984 (prior to 7th plan start)	1987	1988	1990 (Prov.)
Birth Rate . . .	29·1	21·0	33·9	32·2	31·5	29·9
Death Rate . . .	10·4	9·0	12·6	10·9	11·10	9·6
Natural Growth Rate .	1·87%	1·2%	2·13%	2.13%	2·05%	2·03%
Infant Mortality Rate .	90	Below 60	104	95	94	80
Couple Protection Rate .	42%	60%	32·1% (31-3-85)	41·9% (31-3-89)	42·7% (31-3-90)	44·1% (31-3-91)